PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/890227-Conf. #7538 oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number November 14, 2001 FEE TRANSMITTAL Filing Date Hans-Dieter BOROWSKY First Named Inventor For FY 2005 **Examiner Name** D. Harvey Applicant claims small entity status. See 37 CFR 1.27 2643 Art Unit **HHI-033US** TOTAL AMOUNT OF PAYMENT (\$) 1,520.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Check Credit Card None Other (please identify): x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 300 Plant 100 150 160 80 300 150 500 250 600 Reissue 300 200 100 0 0 Provisional 0 O 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims - 3 = 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00 1401 Notice of appeal 500.00

SUBMITTED BY		\mathcal{L}) NI					
Signature	S 10		2 Hr	Registration No. (Attorney/Agent)	42,482	Telephone	(617) 227-7400	
Name (Print/Type)	Sean D. Det	weiler	.—•	•		Date	October 5, 2005	

					ess Mail, Airbill No. EL914048918US,
in an envelope addressed to: MS A	F, Commissioner fo	r Patents, P.	O ₇ Box 1450	D, Alexandria, VA	22313-1450, on the date shown
below.	1	<i>(</i>)	10)	# /	
in an envelope addressed to: MS A below.	0'	~ ^	1. <i>9 1</i>	LI_{A}	(Cara D. D.). 11.).

Dated: October 5, 2005

Signature:

_ (Sean D. Detweiler)

Docket No. AMENDMENT TRANSMITTAL LETTER **HHI-033US** Application No. Filing Date Examiner Art Unit 09/890227-Conf. #7538 November 14, 2001 D. Harvey 2643 Applicant(s): Hans-Dieter BOROWSKY et al. Invention: AUDITORY TREATMENT DEVICE TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED Claims Highest Remaining Number Number Previously **Extra Claims** After Amendment Paid Present Rate **Total Claims** 9 20 Independent 1 3 X Claims Multiple Dependent Claims (check if applicable) Extension for response within third month; Notice of Other fee (please specify): 1,520.00 appeal TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,520.00 x Large Entity **Small Entity** No additional fee is required for this amendment. X Please charge Deposit Account No. 12-0080 in the amount of \$ 1,520.00 A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. 12-0080 X The Director is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed. x Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. Dated: October 5, 2005 Seap D. Detweiler Attorney Reg. No.: 42,482 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400 I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL914048918US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450, on the date shown

Dated: October 5, 2005

Signature:

(Sean D. Detweiler)